

AMENDMENT TRANSMITTAL LETTER				Docket No 5486-0134PUS1																																					
Application No 10/736,841-Conf. #5432	Filing Date December 17, 2003	Examiner Stephen G. Sherman	Art Unit 2629																																						
Applicant(s): Charles P. THACKER																																									
Invention: IMPROVED ELECTROMAGNETIC DIGITIZER SENSOR ARRAY																																									
<p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below																																									
<p style="text-align: center;">CLAIMS AS AMENDED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">15</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0 00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 200.00</td> <td style="text-align: center;">0 00</td> </tr> <tr> <td colspan="6" style="border-top: 1px solid black; border-bottom: 1px solid black; padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="border-bottom: 1px solid black; padding: 5px;">Other fee (please specify):</td> </tr> <tr> <td colspan="6" style="border-bottom: 1px solid black; padding: 5px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	15	- 20 =	0	x 50.00	0 00	Independent Claims	2	- 3 =	0	x 200.00	0 00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00					
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00																																									
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																									
<input type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed																																									
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																									
<input type="checkbox"/> Payment by credit card Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
<u>758,755</u> Dated: <u>April 10, 2007</u>																																									
Michael K. Mutter Attorney Reg. No.: 29,680																																									
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